



**Utah Department of Health
Executive Director's Office**

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JON M. HUNTSMAN, JR.
Governor

January 18, 2007

GARY R. HERBERT
Lieutenant Governor

Dear Legislator:

We are writing to seek your support for a proposal from Governor Jon M. Huntsman, Jr., to merge the eligibility workers currently located in the Utah Department Health (DOH) into the Utah Department of Workforce Services (DWS). We are confident that this is in the best interest of the citizens we serve – those in need of public assistance through a range of programs including Medicaid, TANF, Food Stamps, Childcare, and General Assistance.

Currently both DOH and DWS have Medicaid eligibility workers. It is our goal, through this proposed consolidation, to improve customer service, access, and operational efficiencies. This includes allowing those in need of the programs referenced above to interact with only one Medicaid eligibility system in a one-stop service environment.

Both DOH and DWS are committed to maintain staffing for positions currently based in, and financially supported by, health care facilities and specialized long-term care facilities. DWS will work closely with DOH to determine other specialized caseload staffing needs, including assisting special needs customers through the eligibility process. Being accountable, accurate, and timely for Medicaid eligibility determinations is of paramount importance to both departments.

Enclosed for your review is a one-page document that provides additional information about this proposal. We, along with the Governor, are committed to provide the best service possible to the citizens of this state.

If you have any questions, or would like to discuss this further, please do not hesitate to contact either of us.

Sincerely,

David N. Sundwall, MD
Executive Director
Utah Department of Health

Tani Pack Downing
Executive Director
Utah Department of Workforce Services

Department of Workforce Services (DWS), Department of Health (DOH)
Medicaid Eligibility Consolidation Talking Points
January 2007

Guiding principles for Medicaid eligibility consolidation:

- Strong commitment to customer service and compassion for the customers we serve. DWS and DOH will:
 - Provide for a seamless transition throughout the consolidation.
 - Blend the customer service and philosophy of DOH and DWS to improve the overall eligibility service model.
 - Successfully implement eREP without disruption of service.
- Adhere to consolidation commitment by Governor Huntsman and recommendation by the Office of Legislative Fiscal Analyst.
- DOH retains role as Medicaid agency responsible for policy making and program oversight. DWS implements Medicaid eligibility policy and services within that framework.

DWS is committed to:

- Maintaining staffing for seeded positions and specialized long-term care facilities. DWS will work with DOH to determine other specialized caseload staffing needs.
- Assisting special needs customers through the eligibility process.
- Accountability and meeting accuracy and timeliness outcomes for Medicaid eligibility.

Benefits of consolidation:

- Customers will have increased access to and enhanced awareness of a broader array of programs and services.
- Customers will interact with only one Medicaid eligibility system (a “one-stop” service environment).
- Customer cases will no longer transfer between departments when program eligibility changes.
- One administrative organization will provide cross training, streamline training delivery, enhance quality, promote career development, and create opportunities for fiscal, IT, and administrative efficiencies.
- DWS has an existing infrastructure to support combined eligibility staff (technology, facilities, processes).
- A reduction in staff turnover by resolving eligibility worker classification disparity.

Transition plan:

- Create a thorough, coordinated Medicaid eligibility transition plan to include:
 - Joint DOH/DWS governance structure.
 - Interagency operating agreement.
 - Clear communication to staff & other stakeholders prior to changes.
- Monitor transition closely by joint management teams.
- Establish customer service pathways to resolve issues including a customer service hotline.
- Implement periodic customer surveys to identify and resolve issues.

Department of Workforce Services (DWS) and Department of Health (DOH)

Medicaid Eligibility Consolidation Q&A Summary

Q: What percentage of the State's medical cases do Department of Health (DOH) and Department of Workforce Services (DWS) currently administer?

A: DOH = 56% DWS = 44 %

Q: What types of medical eligibility programs does each department currently administer?

A: Both DOH and DWS administer all types of medical eligibility programs, with the exception of long-term care, Children's Health Insurance Program (CHIP) and Utah's Premium Partnership for Health Insurance (UPP), which DOH administers exclusively.

Q: Why do cases transfer between the departments, and how many cases typically transfer?

A: DOH handles cases that are medical only. When the case involves a medical program but also includes such services as Food Stamps, Temporary Assistance for Needy Families (TANF) or Child Care, then DWS handles the case. As eligibility factors change and these DWS programs open or close, then the case transfers between DOH and DWS.

In State Fiscal Year (SFY) 2006, more than one in five cases transferred between the departments, many transferring more than once. Also in this past fiscal year, 20,563 cases had benefits issued by both departments. This amounts to 23 percent of the DOH caseload and 19 percent of the DWS caseload.

Q: How many Aged, Blind and Disabled (ABD) Medicaid cases does each department currently serve?

A: As of July 2006, each department had roughly the same number of ABD Medicaid cases: DOH = 16,527 DWS = 16,731

Q: How do processing times and approval rates compare for Disabled Medicaid applications?

A: For SFY 2006:

Average days for application approvals: DOH = 33 days DWS = 27 days

Rate of application approvals: DOH = 53% DWS = 53%

Department of Workforce Services (DWS) and Department of Health (DOH)

Medicaid Eligibility Consolidation Q&A Summary

Q: If consolidation occurs, would DWS maintain seeded position and specialized long-term care staffing?

A: DWS is committed to maintain staffing for seeded positions and specialized long-term care facilities and will work with DOH to determine other specialized caseload staffing needs.

Q: How many medical cases currently have multiple (DOH and DWS) workers?

A: As of July 2006, almost 11 percent of all CHIP cases had two assigned workers.

Q: Can caseload sizes between the departments be compared?

A: They are very difficult to compare. DOH staff has a variety of service delivery models that focus on different aspects of medical eligibility services. Meanwhile, DWS eligibility workers determine integrated eligibility for a variety of programs and funding streams (Food Stamps, Financial, TANF, Child Care), including medical programs.

Q: Why does DOH eligibility staff have a higher salary classification than DWS eligibility staff?

A: Traditionally, DOH eligibility staff salaries were tied to health industry classifications, while DWS salaries were tied to vocational rehabilitation counselors. Because both staffs do similar eligibility work, Department of Human Resource Management (DHRM) is currently reviewing these classifications to determine whether they also should be consolidated.